## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09 78 2993

62-21-01

APPLICANT(S)

CLAIMS

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55   56   57   58   59   60   61   62   63   64   65   66   66   66   67   68   69   70   71   72   73   74   75   76   77   78   79   80   81   82   83   84   85   86   87   88   89   90   91   92   93   94   95   96   97   98   99   99   91   92   93   94   95   96   97   98   99   99   99   99   99   99	53							
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

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